

ROYAL BOROUGH OF NEW WINDSOR



ANNUAL REPORT

OF

MEDICAL OFFICER OF HEALTH

1954



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30283814>

ROYAL BOROUGH OF NEW WINDSOR



PUBLIC HEALTH COMMITTEE

Chairman Councillor W. A. RAINE
Vice-Chairman Alderman W. S. DENNEY
The Mayor Councillor Miss G. HANBURY WILLIAMS

Members

Cllr. J. S. COOK	Cllr. K. R. H. HATHAWAY
Cllr. B. J. EALES	Cllr. Miss B. E. LLOYD
Cllr. C. G. EASTON	Cllr. F. W. ROEBUCK
Cllr. J. GOULDING	Cllr. J. B. W. TURNER

WINDSOR AREA SUB-COMMITTEE OF THE BERKSHIRE COUNTY HEALTH COMMITTEE

Chairman Councillor W. A. RAINE
Vice-Chairman Alderman W. S. DENNEY

County Council Representative

Cty. Cllr. Mrs. R. M. CARR

Windsor Borough Council Members

All Members of the Public Health Committee

Co-opted Members

Dr. J. MacINNES	Dr. K. WALTER
-----------------	---------------

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

S. J. McCLATCHEY, M.B., B.Ch., B.A.O., D.P.H.

Public Analyst (part time)

THOMAS McLACHLAN, A.C.G.F.C., F.R.I.C.

Chief Sanitary Inspector

F. BARKER, C.S.I., Certified Meat Inspector

Additional Sanitary Inspectors

D. W. WESTMORE, C.S.I., Certified Meat Inspector

B. R. NAGLE, C.S.I., Certified Meat Inspector (Resigned 31-1-54)

J. M. A. FABEL, C.S.I., Certified Meat Inspector (Appointed 20-4-54)

Pupil Sanitary Inspector

B. P. DENYER

Senior Health Visitor

Miss A. I. McALLISTER, S.C.M., Cert. San. Insp., H.V. Cert.

Health Visitors

Miss C.R. BISHOP, S.R.N., S.C.M., H.V. Cert.

Miss A. MELLUISH, S.R.N., S.C.M., H.V. Cert.

Mrs. M.A. AUSTIN, S.R.N., S.C.M., H.V. Cert.

Chief Clerk : Miss D.E. ROGERS

Clerical Staff

Miss R. C. HUNT

Mrs. B. HALEY

Miss A. L. CHAPMAN (Resigned 19-6-54)

Mrs. J. JENKINS (Appointed 5-7-54)
(Resigned 18-12-54)

General Assistant : Mr. S. HOWARD

LIST OF CLINICS IN WINDSOR

under the control of the

WINDSOR AREA HEALTH SUB-COMMITTEE

Clinic	Windsor	Clewer
Ante-Natal and Post-Natal	Fortnightly - Monday afternoon	-
Mr. Finlaison's Ante-Natal and Post-Natal	Third Tuesday morning in the month	-
Immunisation & Vaccination	Once every four weeks (Wednesday morning)	Once every four weeks (Wednesday morning)
Child Welfare	Wednesday) 2-4.30 Friday) p.m.	Tuesday) 2-4.30 Thursday) p.m.
Toddlers only	First Wednesday in the month, 2-4.30 p.m.	First Thursday in the month, 2-4.30 p.m.

ROYAL BOROUGH OF NEW WINDSOR

Public Health Department,
Municipal Offices,
Kipling Memorial Building,
Windsor.

To The Mayor, Aldermen and Councillors
of the Royal Borough of New Windsor.

Mr. Mayor, Ladies and Gentlemen,

On looking back over the achievements and decisions of the year 1954 in the Public Health field the latter are foremost in my mind, though not because of lack of achievement but rather on account of one particular and negative decision of the Council.

I refer to the decision regarding the slaughterhouse in Thames Street. It is true to say that most members of the Council were not in favour of granting a licence to the slaughterhouse when it ceased to be controlled by the Ministry of Food. Unfortunately the Council would not consider a compromise which would have satisfied the needs of public health. There were those who objected to the slaughterhouse because of its situation and many who may have had no real desire for a slaughterhouse in any situation. There were others who objected to the limitations of the slaughterhouse as it existed but who would have been glad to see a new slaughterhouse built. Other individual views no doubt existed between these two main themes but the building of a slaughterhouse however was out of the question at the time and in view of the still uncertain Government policy I could not even have recommended such a considerable expenditure to the Council.

I am still not satisfied that there has been no loss of efficiency in inspection of meat consumed in Windsor although I have no desire that future events should prove my present doubts to be justified.

Towards the end of the year an outbreak of Paratyphoid Fever occurred involving 10 people in Windsor and two in a neighbouring district.

Certain points in connection with the outbreak are worthy of mention. The first is that without the help of General Practitioners many of the cases might not have been discovered. Some cases were so mild that had the family doctors not been notified of the presence of a case of paratyphoid fever in the district, they would have been undiagnosed. Once informed, suspicion of a case was sufficient and I was contacted at once. This meant that the case could be investigated without delay in having to await laboratory confirmation.

Only one practitioner neglected this co-operation in what appeared to be quite an obvious case which was admitted to the isolation hospital. Notification only came to me from the hospital some days later and valuable time for investigation had been lost. It is important too that even the mild cases were diagnosed as they could in turn themselves have become unknown carriers of the disease.

The second point worthy of mention was the very co-operative spirit of the bakery staffs and other traders whom it was thought necessary to investigate. It may have seemed obvious that the Public Health Department wished to help by tracing the source rather than to criticise those under suspicion of being involved in the outbreak.

Thirdly it was a great comfort to me that very little publicity was received. There was bound to be some talk between those who were questioned and their friends but it must have been negligible as the press did not even approach me for a statement. I have in the past found the local press very reasonable to my requests and in particular to the poliomyelitis cases which occurred some years ago, but an outbreak of Paratyphoid Fever makes good news copy which is hard to overlook although unnecessary public alarm may be caused. Publicity could have had an adverse effect on the sale of some quite innocent bakery products.

The visit of the Mass X-Ray Unit during the year produced no unexpected results. The response of the public to the visit was much better than expected and a risk was taken by the unit in over-booking some sessions. This, together with a slower rate of working than would have been possible with the unit's full complement of experienced staff, led to unreasonable delays.

The statistics for Tuberculosis are not as encouraging as might have been expected some years ago. A small area like Windsor gives little true indication but in the country as a whole the deaths from tuberculosis are falling while the notifications remain at much the same level. Admittedly the intensified campaign for early diagnosis quite reasonably tended to increase the rate of notification but some fall was expected by now.

The response to the offer of Diphtheria Immunisation continues to be most satisfactory as the figures following will show. The majority are also immunised against Whooping Cough. Here in Windsor the voluntary acceptance of Smallpox Vaccination is quite good and in contrast to reports from many other parts of Britain.

Once again the department has been fortunate in being fully staffed, apart from Mr. B. Denyer who is now doing his National Service. He is attached to the Hygiene Section of the Royal Air Force and I understand from his Commanding Officer, who is a personal friend of mine, that he is carrying out useful work. At

the end of his service he is due to return to his former post in Windsor. Routine work has continued with few hitches and again I wish to express my appreciation of the understanding shown to me by members of the Council in connection with my duties and particularly to the Housing Committee for its reception to my infrequent requests for rehousing on medical grounds.

I am,

Your obedient Servant,

S. J. McCLATCHEY,

M.B., B.Ch., B.A.O., D.P.H.

Medical Officer of Health.

VITAL STATISTICS

Area (in acres)	4,616
Home Population (Registrar-General's Estimate mid-year 1954)	24,690
Number of Inhabited Houses 1954 (estimated)	6,189
Rateable Value at 1st April, 1954	£203,132
Sum represented by a Penny Rate	£830

Causes of Death in the Borough during 1954

	<u>Male</u>	<u>Female</u>
Tuberculosis, respiratory	2	1
Tuberculosis, other	-	-
Syphilitic Disease.	2	1
Diphtheria... ..	-	-
Whooping Cough	-	-
Meningococcal Infections.	-	-
Acute Poliomyelitis	-	-
Measles	-	-
Other Infective and Parasitic Diseases	-	-
Malignant Neoplasm, Stomach	3	3
" " Lung, Bronchus... ..	5	-
" " Breast	-	3
" " Uterus	-	3
Other Malignant & Lymphatic Neoplasms	9	13
Leukaemia, Aleukaemia	1	-
Diabetes	-	-
Vascular lesions of nervous system... ..	22	23
Coronary disease, Angina.	15	12
Hypertension with Heart Disease	-	2
Other Heart Disease	15	15
Other Circulatory Disease	11	10
Influenza	1	2
Pneumonia	2	2
Bronchitis... ..	10	5
Other Diseases of Respiratory System.	-	-
Ulcer of Stomach and Duodenum..	1	-
Gastritis, Enteritis & Diarrhoea	-	-
Nephritis and Nephrosis..	1	1
Hyperplasia of Prostate..	4	-
Pregnancy, Childbirth, Abortion	-	-
Congenital Malformations.	1	1
Other Defined and Ill-Defined Diseases	11	12
Motor Vehicle Accidents..	5	1
All Other Accidents	1	2
Suicide	-	1
Homicide and Operations of War.	-	-
Total... ..	122	113

Infant Deaths

						<u>Male</u>	<u>Female</u>
Total Deaths of Infants under 1 year..	...	...				4	4
Legitimate ...	...	...	...	...	...	4	4
Illegitimate..	...	...	...	...	...	-	-
Total Deaths of Infants under 4 weeks.	...	...				2	4
Legitimate ...	...	...	...	...	...	2	4
Illegitimate..	...	...	...	...	...	-	-
						<u>Windsor</u>	<u>England & Wales</u>
Death Rate per 1,000 population.	...	...	...	...	...	9.5	11.3
Infant Mortality Rate	...	...	...	...	...	22.0	25.5

Analysis of Infant Deaths

Cause of Death	Under 1 wk.	1-2 wks	2-3 wks	Total under 4 wks	1 mth & under 3 mths	3-6 mths	6-9 mths	9-12 mths	Total deaths under 1 yr
Cerebral haemorrhage	2	-	-	2	-	-	-	-	2
Congenital heart	1	-	-	1	1	-	-	-	2
Neonatal atelectasis	1	-	-	1	-	-	-	-	1
Pneumococcal meningitis	-	-	-	-	1	-	-	-	1
Prematurity	2	-	-	2	-	-	-	-	2
	6	-	-	6	2	-	-	-	8

There is little significant change in the Infant Death rate but it is worth noting that only one death occurred after the first month.

All the others were associated with the birth process or congenital abnormalities present at birth. Of these, two died after a few hours of life and four within 48 hours.

In only one case, with our present knowledge, does it seem that more attention during the ante-natal period might perhaps have helped. There is, however, no suggestion of neglect in not having been seen by a doctor for six weeks prior to admission being arranged to hospital. This took place at the seventh month of pregnancy. Caesarian Section for Pre-Eclampsia with a blood pressure of 202/120 and 4 parts of Albumin in the urine resulted in a live birth. The baby died within two days and it is impossible to say whether or not the eclampsia was contributory to the death of this premature infant.

The other death from prematurity showed Atelectasis on post mortem - the birth weight was 2 lbs.

The former dreaded conditions of Gastro Enteritis and Broncho Pneumonia in the first year of life have largely disappeared as causes of death. Not only is their treatment now more effective but far more important is the very much lower incidence of the conditions. Better education of parents in infant management has no doubt much to do with the low incidence but experience suggests that a sturdier stock of children is now being born. The National Health Service also has possibly been a contributory factor in that mothers no longer delay seeking a doctor's advice in the early stages of an infant's illness for consideration of the cost.

Education must continue to maintain the present low infant mortality rate but further research into causation will be necessary to lower the neonatal death rate.

<u>Births</u>					<u>Live Births</u>		<u>Stillbirths</u>	
					<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Total	...	...	...	...	178	185	6	4
Legitimate..	...	...	...	...	171	173	6	4
Illegitimate	...	...	...	...	7	12	-	-
Birth Rate per 1,000 population ...					...	...	...	14.7

INFECTIOUS DISEASES:

THEIR PREVALENCE AND CONTROL

Notifications

Disease	Under 1 yr	1 to 2	3 to 4	5 to 9	10 to 14	15 to 19	20 to 34	35 to 44	45 to 64	65 and over	Total noti- fied	Sent to hosp- ital
Paratyphoid B	-	2	-	1	1	3	1	2	-	1	11	2
Scarlet Fever	-	-	-	2	1	-	-	-	-	-	3	1
Pneumonia	-	-	-	1	1	-	1	-	2	3	8	1
Erysipelas	-	-	-	-	-	-	-	-	1	-	1	-
Measles	-	-	-	1	-	-	-	-	-	-	1	-
Whooping Cough	-	-	2	2	-	-	-	-	-	-	4	-

Measles

The notification of one single case of measles during 1954 seems a little surprising at first. It may well be that a few cases were undiagnosed and a few unnotified but it is clear that no epidemic occurred. At the time of writing this report it is now possible to say that an epidemic has just passed its peak in 1955 but that in other neighbouring areas, as for example Maidenhead, the onset was towards the end of 1954.

It is, however, not unreasonable that an epidemic should occur after a period of low incidence when large numbers of infants are growing up and are not immune to the disease. It is however uncertain if a single case in 1954 can be reconciled with 100% notification of the disease.

Whooping Cough

The comments on this disease in last year's report still apply. Immunisation continues at a satisfactory rate and many cases if they do occur are so mild as to escape diagnosis. The probable spread of infection by these undiagnosed cases in an urban community is not considered to be a serious matter providing immunisation can be carried out on infants before they reach the age of 6 months.

Paratyphoid

A little more detail may now be given than was mentioned in the introduction to this report.

Of the ten Windsor residents, six appeared to have their first obvious illness between the 20th and 23rd October, three about the 29th October and in one mild case no very definite date of onset could be decided.

There was no obvious link at first between the cases either from their regular food or water supplies or from personal contact between one and another. The social circumstances varied; the youngest was a girl under three years and the oldest was a lady of over 70 years. School children, young adults and middle aged of both sexes were also involved.

The first case discovered became ill on the 23rd October, and was admitted to hospital as an acute abdominal condition. Only after one week was the case diagnosed and confirmation made on the 4th November. In the case of an unexpected disease and especially with chiefly abdominal symptoms, it is not unreasonable that some delay occurs in diagnosing the first case. Had this case been mild as were some of the others it is quite possible that greater delay would have occurred.

Once diagnosis had been made it was important to discover as many other cases as possible, even if mild. This importance was not only from the point of view of isolation but to obtain as many leads as possible that might point to the same source. The co-operation of Family Doctors and the importance of alerting them has already been referred to.

The problem then was to find a source of infection ingested probably as early as the 11th October. Assistance of a doctor from Colindale Laboratory proved invaluable and most of the other work of the department was maintained. The Sanitary Inspectors helped in tracing various sources of food supplies while Dr. Wood from the Public Health Laboratory in Reading assisted in taking blood samples.

Patients and their relatives were questioned closely as to foods eaten during the week commencing 11th October, and in one particular case a Mother was questioned in all for over three hours regarding her daughter's food. She was an intelligent woman and anxious to help but only after this time did she remember the purchase of the vital article under suspicion at that time. This will give some idea of the difficulty in tracing the source of such an outbreak. It is obviously undesirable during initial interrogation to suggest any suspected item of food.

In the end all cases, except one, led to the same source and there was good reason to believe that in this excepted case there would have been considerable family discord had the girl involved given the information hoped for.

Two carriers of the infection were found in a bakery but further investigation suggested that they were also victims from the same infection in imported frozen eggs rather than the initial cause themselves. Unfortunately the proof was not 100% as the organism was not recovered from tins which had been emptied and discarded with the refuse several weeks earlier.

The infection must only have included one batch of eggs as the outbreak was short lived. No cases of secondary infection from the patients occurred though contacts were investigated.

It should be added that because the type of Paratyphoid B. was not one common to this country an imported product was more to be suspected.

Tuberculosis

New Cases and Mortality During 1954

Age Groups	New Cases				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
0 years	—	1	—	—	—	—	—	—
1 year	—	1	—	—	—	—	—	—
5 years	—	2	—	—	—	—	—	—
15 years	2	3	—	—	—	—	—	—
25 years	3	1	—	—	1	—	—	—
35 years	2	—	—	—	—	1	—	—
45 years	4	—	—	—	—	—	—	—
55 years	4	—	—	—	1	—	—	—
65 and upwards	2	1	—	—	—	—	—	—
Totals	17	9	—	—	2	1	—	—

During the year there were 13 inward transfers, 12 outward transfers and 2 recoveries reported, giving a total of 197 cases on the register at the end of 1954.

Further to the comments made in the introduction to this report it is worth noting the deaths of two young adults. The female case had originally been notified 8 years earlier and the male case 4 years earlier. Thus the disease in both cases was diagnosed in their early or mid twenties and adds weight to the belief that diagnosis in the early stages of the disease is particularly important in the first 10 years after leaving school. It is hoped that in the near future B.C.G. vaccination of susceptible school leavers will be intensified as one further step in combating tuberculosis.

MASS X-RAY UNIT

During the week from the 27th September, the number of persons X-Rayed was 2,966. This was about a 50% increase over the figure at the last visit in 1951.

The final result was that two cases of active Pulmonary Tuberculosis were found in women. It would be unwise to deduce too much from this result but it would seem that an annual visit of the unit to Windsor cannot reasonably be demanded. It must be remembered that the unit is usually available each year in Slough where much greater numbers are catered for and that locally in Windsor a Chest X-Ray can easily be arranged for those who wish it by making a request either to one's own family doctor or to the Medical Officer of Health.

It should be stressed that particularly in the age group 15 to 35 years negative findings on one X-Ray examination should not make one complacent or deter one from seeking a further examination.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

Number of expectant mothers who attended Local Health Authority's ante-natal clinic	...	...	106
Of these, unmarried mothers totalled.	...	...	28
Number of Windsor home confinements attending ante-natal clinic.	...	...	78
Total number of home confinements	...	...	104

The proportion of mothers confined at home who attended the clinic of the local authority was much the same as last year - 75%. Of births to Windsor residents 28% occurred at home. Those who only receive the minimum of two ante-natal examinations from their family doctors are particularly welcome at the clinic. It is still felt, however, that the practice of only taking blood tests from primiparae (first pregnancies) is unsatisfactory as quite a number of mothers expecting their second or subsequent child have been found to have a definite degree of anaemia when the blood has been tested at the clinic.

It has not yet been found possible to arrange classes of ante-natal relaxation exercises at the Kipling Building Clinic but arrangements were made for some expectant mothers to attend such a class at King Edward VII Hospital. As the hospital ante-natal clinic is held in the same rooms at Kipling Building as the local authority's clinic it had been hoped that a joint class for ante-natal exercises could also have been arranged there.

Post-Natal Care

Number of mothers who attended Local Health Authority's post-natal clinic.	12
--	-----	-----	----

During the year an effort was made to ascertain the number of mothers who did actually have a post-natal examination. Enquiries were made from mothers attending the Child Welfare Clinic although figures so derived would not represent a fair cross section of the population. It did seem, however, that although appointments were offered large numbers failed to keep them. This is in keeping with the previous findings when invitations were offered to the local authority's post-natal clinic.

It is an important duty in preventive medicine and in health education for the Health Visitor to make sure that every mother within 3 months after her confinement obtains a post-natal examination which should include visual inspection of the cervix.

MidwiferyNo. of Windsor
cases confined

Princess Christian Maternity Home ...	...	...	88
Old Windsor Hospital ...	...	...	182
Registered Maternity Homes ...	...	...	8
Colinswood Maternity Home, Farnham Common..)			
Upton Hospital, Slough...)	...	...	34
Canadian Red Cross Hospital, Taplow..)	...		

The above figures show the number of Windsor residents (including women from the hostels at 2 Dorset Road and Burnell House) confined in the various establishments during the year.

The practice of applications for hospital confinements, except those on medical grounds, being made to the Medical Officer of Health has continued during the year. Only those with inadequate home arrangements are referred to the hospital for accommodation to be booked.

In Windsor little difficulty is found in arranging suitable help in the home at the time of confinement there, but in the Old Windsor district for example the problem is such that very many cases with adequate home accommodation have eventually to be confined in hospital because satisfactory help in the home cannot be arranged.

In the first place the responsibility for obtaining help is placed on the expectant mother herself who may be able to rely on the services of a relative or friend. However there are some who have no such source of help and there is a need, on a part-time basis, for a suitable woman who lives in the area to act as a Home Help. The employment of a full-time Home Help for this work would be unsound economically.

Unmarried Mothers

Arrangements made by the County Council and the Oxford Diocesan Council through the Moral Welfare Worker continued very satisfactorily.

A small number of cases were not first pregnancies but one would hesitate to suggest that for a certain type of girl the prospect of unmarried motherhood held no great terror especially with the expectation of the baby's adoption after a period of residence in Burnell House.

A considerable number of girls attended the local authority's ante-natal clinic while they were employed as resident domestic staff at Princess Christian's Nursing Home. On occasion complaints were made that the work there was too hard and the hours too long, but in only one case was it found necessary to recommend that a girl should cease employment on account of her health. It was felt that a certain amount of agitation was produced at times by some of these girls and that the opportunity offered to them in their unfortunate circumstances was not fully appreciated.

Health Visiting

The Health Visitor is the backbone of the Maternity & Child Welfare Service apart from the invaluable Midwife whose services are concentrated on the actual confinement together with a limited extension into the ante and post-natal periods.

It is of the utmost importance that these two should work as a team and should be in agreement in advice given to mothers on such things as infant feeding, adult diet, general hygiene, vaccination and immunisation. Methods vary from person to person and from place to place, and all methods in themselves may be quite satisfactory. Any mixture is, however, confusing and so in any one area all must be agreed upon certain general forms of advice.

Attendance at the ante-natal clinics of both Health Visitors and Midwives forms an ideal means of contact between them where the various families common to both can be discussed and any problems considered. The question of time is, however, rather more important to the midwife but if, with adequate staff, the duties of the midwives are arranged so that those attending the ante-natal clinic can be completely relieved of all other duties during that half day, then more time is available for discussion at the clinic and midwives do not feel compelled to rush away to an awaiting case. While the case load of the midwives continues at its present reasonable level no difficulties need be expected.

The routine work of visiting in the home and of consultation at the clinics has been well maintained by the full establishment of staff which in present circumstances seems to be adequate in spite of the additional demands which have been made upon Health Visitors in other fields during the past few years. The Senior Health Visitor, in conjunction with her work regarding the welfare of old people, now supplies reports on the home circumstances of patients awaiting admission to the Chronic Sick Department of the hospital. Advice is sometimes sought by Hospital Almoners on home conditions prior to discharge of a patient from hospital. This is essentially the responsibility of the Health Department and the practice of some Hospital Almoners in independently visiting homes is to be deprecated.

It will be remembered that one third of each of three Health Visitors time is devoted to the School Health Service and each one for a period of three months attends one afternoon weekly at the Hospital Paediatric Clinic. This has proved a most beneficial liaison to both Hospital and Health Department. The Senior Health Visitor is responsible for those receiving the Home Help Service.

Child Welfare Centres

Number of Births.	363
Number of new attenders under 1 year of age ...	357
Number of new attenders between 1 - 5 years ...	35
Total number of attendances - Windsor ...	3773
Clewer ...	<u>2634</u> 6407

The importance of Child Welfare Centres is as great as ever but is represented by a changed function from that of a decade or two ago.

Originally welfare clinics were centres where the poor could obtain free foods and where the less educated in health matters could be instructed in the best methods of infant feeding and hygiene. Cod Liver Oil and Malt was issued in an effort to prevent rickets and often there was secondhand clothing available. In these clinics great emphasis was laid on breast feeding as it was the safest method of avoiding infection leading to gastro enteritis. To some extent the clinic was also used to obtain the doctor's advice free of charge in the same way as health visitors were frequently called to the home to advise if a child was ill enough to justify a doctor's opinion and his fee. Although obviously sick children were not welcome at the welfare clinics there was a much greater emphasis then on the curative side and it will be remembered that those in more fortunate financial circumstances did not usually attend a welfare clinic.

The pre-war clinics were well attended but were less well staffed and it was impossible to deal adequately with the numbers, many of whom had complaints requiring immediate medical treatment.

Today all that is changed and a child welfare centre is now in marked contrast to its early forerunner. In Windsor the total number of attendances is little different from that of 1938 but clinics are now held twice instead of once weekly and are also more adequately staffed. The majority of children and parents are well clad and those of widely varying income levels attend. About 75% of children born in the Borough attend a child welfare centre but few of the remaining 25% are in the lower income groups. Health Visitors then concentrate on home visiting of these few and particularly where it seems that advice and help is required.

At the welfare centres today there is no issue of free food and the only clothing available is at a secondhand stall for the benefit of those wishing to sell as well as purchase. Breast feeding is still encouraged although it must be admitted that the attitude towards those who are disinclined to persevere is less critical than formerly. Experience seems to show that artificial feeding is now not fraught with such dangers and this is undoubtedly due to the better education and understanding of parents in the hygienic preparation of feeds. The persistent advice of health visitors over a quarter of a century is bearing fruit.

Does this suggest that the child welfare centre is no longer necessary especially when considering the social and economic change that has taken place in the country as a whole? No longer are there those so poor that they must depend on free clothing and free infant food, and the National Health Service secures free medical advice and treatment together with many other benefits in relation to maternity and child welfare.

The answer is definitely no. Some of the formerly more obvious needs have now disappeared but with the altered social structure and with the greater pace of life the need for child management and for the establishment of sound mental health, which although always present, has become more apparent and more acute.

To advise adequately on management difficulties much time and patience must be spent and to any doctor the opinion of the health visitor who knows the home circumstances of the case is most important. The busy family doctor can scarcely deal with this function of the welfare centre. It is much too late to wait until a difficulty is so marked that it must be referred to a Child Guidance Clinic. This is a step which one rightly hesitates to suggest in the early stages but it is hoped that in the near future the attendance of an experienced psychiatric social worker at the monthly toddlers clinic will be possible. It will then be simple to have an informal discussion on the various aspects of a behaviour difficulty in its early stages.

Of the remainder of the work in the modern child welfare centre much of both the doctor's and health visitors' time is spent in reassurance to the parent.

Nurseries

There are no registrations under the Nursery and Child Minders Regulation Act, 1948.

One day nursery with 50 places for children from 2 to 5 years exists together with one nursery school with 30 places.

Considerable discussion on the merits and the economies of the two establishments has taken place during the year and in last year's report comparisons were made at some length.

On the whole it would seem that the Education Committee holds the greater sway with the County Council on behalf of its "educational experiment" but nevertheless the majority of children are there because of priority given to them on medical, psychological or social grounds.

Immunisation

The number of primary immunisations in children under 5 years differs only by 6 from the previous year and with much the same number of births in both years that state of immunisation of the pre-school population remains satisfactory at 75%. Allowing for the considerable number of children under 9 months of age whose immunisation course has not been completed the effective number of pre-school children protected from diphtheria is well over 80%.

Immunisation against whooping cough should in a few years reach the same high figure as it is now seldom that any infants are immunised against diphtheria and not against whooping cough.

The protection against whooping cough is thought not to be so absolute as in the case of diphtheria and it is likely that immunisation does mask the disease in some cases which can still be infective. This, however, is considered to be unimportant as immunisation allows only a mild form of whooping cough to develop when protection is not 100%. It is important however that this protection should be given before a baby is 6 months old.

	<u>Primary</u>	<u>Booster</u>
Total number immunised	350	535
Number aged 0 - 4 years (inclusive)	325	-
Number aged 5 - 10 years (inclusive)	22	390
Number aged 11 - 15 years (inclusive)... ..	3	145

Vaccination

As the number of births in 1953 and 1954 differed by only 2, the number of vaccinations in children under 1 year old represents a very satisfactory proportion of the infants vaccinated. In the event of an outbreak of smallpox occurring the "expanding ring" method of contact vaccination is used rather than mass vaccination of the whole population, but it is still advisable to have primary vaccination in infancy rather than in adult life.

During the year 1954 vaccination of children						
under 1 year totalled ... ..	...	...	...	...	...	255
1 - 5 years ... ..	...	...	...	...	...	13
Adults... ..	...	...	...	...	...	6

DOMESTIC HELP SERVICE

This service can now be said almost to have reached saturation point in Windsor. The difficulty of obtaining sufficient Home Helps, however, does mean that a small number of cases are not covered but they are only those who have been recommended for 2 or 3 hours help weekly. It is not unreasonable then that such cases may have to wait a week or two before help can be found. No case is allowed to wait when help is urgently needed and where undue hardship to the person would be the result.

When considering the amount of help to be allowed and the urgency of the case it must be remembered that in many instances there are relations and neighbours who can provide help over a short period. Over a prolonged period, however, it might be unreasonable to expect even a close relative to do all the work and some assistance by a home help is necessary.

When stating that almost all cases needing help are covered it would not be true to say that help is provided on every request. In certain instances help is refused when it is felt that relatives are capable of giving adequate assistance and quite a firm line is taken in this respect. Neither would it be true to say that all the cases receiving help are entirely satisfied with the amount allowed but it is confidently claimed that no undue hardship exists because of lack of the services of a home help.

What is understood by undue hardship of course depends on a personal viewpoint but it would be wrong to satisfy all the demands of those who claim that the State should be entirely responsible for their aged relatives who are unable adequately to care for themselves.

No. of part-time Domestic Helps				
employed at the 31st December, 1954...	...	...	...	51
Number of cases serviced during the year	...	...	...	191
Number of hours worked	...	...	...	28,568

CARE OF THE AGED

The Domestic Help Service in this area devotes about 90% of its efforts to the care of the aged. The question of admission to Old People's Homes and to Chronic Sick Departments of hospitals is closely linked with the use of this Service. During the past year less difficulty has arisen than formerly in obtaining admission to hospital for urgent cases which cannot be maintained at home and fewer problems have occurred in arranging admission to Part III accommodation.

The various voluntary organisations in the town continue to do excellent work on behalf of the aged and the house-bound. There are Clubs for old people in Windsor at which meetings are held regularly, and car drives are arranged from time to time for the house-bound.

Numerous individuals accept responsibility for paying regular visits to one or more old people who are lonely and live alone. Visits are made at least once a month but in some cases may be several times weekly. Too much praise cannot be given to those who with a sense of responsibility towards their less fortunate citizens voluntarily devote some of their time to cheer and assist. The Local

Authority could not hope to do the work that is at present carried out by voluntary organisations nor is it desirable that it should. In spite of the attitude of some who suggest that the State should provide for all aspects of community life the volunteer is fortunately still a dominant factor in our society in time of emergency or trouble.

MENTAL HEALTH

In the field of Mental Health, which is a popular subject at present, there is an abundance of discussion and writing. Attention is frequently drawn to the number of hospital places provided for mental patients and of the economic strain produced by this on the National Health Service. Some very sensible statements are made but the majority of suggestions in the preventive field are more of academic than of practical interest.

In the cases of definite mental disease appropriate treatment, as is necessary or effective, can be instituted. The important factor of heredity is well recognised but little is being done to prevent the reproduction from such unsatisfactory stock. At least those confined in institutions are unable to reproduce. It is difficult to present any new plan for prevention of mental ill health which unlike more material diseases has such ill-defined boundaries dividing the normal from the abnormal.

Before worrying too much about the lesser shades of mental ill health let the community face the facts and consider if in cases of serious mental disease it is prepared to restrict an individual's so-called freedom so as to limit the propagation of unsatisfactory strains of mentality. At present certain mental patients are confined to hospital but no serious restriction, apart from discouragement, is placed on those at liberty to reproduce.

In the case of subnormal intellect as distinct from mental disease the vast majority come from parents of poor intellect. (This applies only to the feeble minded type and not to the more marked degrees of mental deficiency such as imbeciles and idiots). Sterilisation is the obvious means of prevention but argument is bound to arise in deciding the borderline of intellect for such action. It would seem that the country is not yet ready for consideration of this problem particularly in view of the mixed reception given to the very reasonable suggestion of a layman that children obviously seriously defective at birth should not be allowed to survive. The problem is not as simple as this in that those who survive the birth process may have a serious mental defect which may not be obvious until between one and two years of age. It is, however, a sign of awakening public consciousness in the problem.

At the other end of the scale from definite Mental Disease one descends through the Anxiety States and the unstable personality to the normal or common individual. Only a limited number of the Anxiety States will develop to serious Mental Disease but these lesser degrees of upset form a considerable number of any family doctor's patients. Anxiety in some cases is the fear of disease but more frequently the complaint suggesting disease is the result of anxiety of a social or environmental nature.

The Anxiety State is the product of two conditions - predisposition and stress. The former is a hereditary factor. A stable person will withstand more stress from external influence and difficulties than an unstable person.

A patient suffering from an anxiety state is first a problem to himself, later a problem to his family and eventually a burden on the community. It is not possible to discuss all the likely causes or stresses, but certain sources come to mind, as for example financial worry, bad housing with overcrowding and generally poor surroundings, marital disharmony, too many children or indeed alternatively those suffering from loneliness with too much time to think of themselves. One or more causes may be linked together to form an unbearable burden to which the individual succumbs.

How then can one help? The most obvious is perhaps housing although one often finds that a family cannot afford the rent of a new Council house, and this is particularly applicable to "problem families" whose wage earners are probably unskilled.

Perhaps advice to young couples before marriage and later family planning advice does help. Unfortunately many of those who could best benefit from advice are least ready to seek or accept it. It is inevitable that sooner or later one gets used to being married and all too frequently the mother of the family becomes too wrapped up in the home and the children, and the father too much interested in affairs outside the home. From time to time a break or a diversion from the daily routine is necessary with perhaps something in the near future to look forward to with anticipated pleasure. So many vague symptoms and illnesses are the result of a mind with no zest for life and in any family one should have a partnership with each having some understanding and sympathy with the partner's lot.

In this field it is possible that through a tactful approach early prevention of marital disharmony may be achieved. Family doctors and health visitors are the most likely to make first contact with a problem, but neither can give to such a potential source of mental ill health the patience or time it merits. Extension of the use of Psychiatric Social Workers, and particularly within the services of the Local Health Authority, would seem to be the first step.

WATER SUPPLY

The supply continues to be satisfactory, coming from the well at the Eton Waterworks and the borehole at Dedworth. Some years ago in this report an uncertainty was expressed as to the adequacy of the supply in certain circumstances. Arrangements for a reservoir are now being considered.

SEWAGE DISPOSAL

The reconstruction of the sewage works continues and when completed should avoid any unsatisfactory occurrences as was possible when the previous works were overloaded.

New sewerage and drainage systems, following the building development in the Vale House region, will remove a former tendency to trouble in that area in times of heavy rainfall.

HOUSING

The following houses were erected during the year -

(1) By the Local Authority	...	100
(2) By Private Enterprise	...	53

The recent progress in housing has caused some satisfaction in the Public Health Department, in particular the building of flats and small units of accommodation and increased provision for old persons. The opinion expressed in some quarters that the provision of Council property is nearing saturation point from the economic point of view is worthy of consideration but it is uncertain if private builders will appreciate the varying housing needs of the community as a whole.

Some relaxation of the standards for fitness recently permitted now makes the declaration of a clearance area more difficult and the Clewer New Town Clearance Area one would now find less easy to guide through the various stages to final approval by the Ministry. South Place appears to be the only reasonably large area to present in the future but its later development is not clear. The Council must consider at the same time what attitude is to be adopted towards property in the Oxford Road area, some of which would be expensive to deal with under any compulsory order.

Together with the above mentioned area, but to a greater extent, the future of Edward Square and neighbourhood depends on the situation of the Eton relief road. It is felt, however, that no question of clearance can be recommended in the Edward Square region during the next five years.

The slow development of Windsor, in contrast to some industrial towns at the turn of the last century, means that there are no large areas in which most of the houses are of the same standard, and apart from one or two very small possible clearance areas the majority of the substandard property in the town will have to be dealt with individually. In some instances considerable work, in excess of what is thought to be at reasonable expense, has been carried out on a house by a private owner. This property would then in years to come be comparatively expensive to include in a compulsory purchase order should eventual clearance be considered. In certain instances it may well be more economic in the long run for the Council, if possible, to purchase such property at low cost and then carry out the necessary works to render it fit, providing of course that a life of fifteen to twenty years can be expected of it. It is worth remembering that the Council is not necessarily bound to an existing low rent in these circumstances. Some useful units of accommodation could be added to the Council's estate in this way which would be available to those who cannot afford the high rent for new council houses.

Future Development

It seems that in time some form of centre for the community must develop at the western end of the town and it is hoped that co-operation between the Borough Council and other Authorities and Organisations interested in the welfare of the community will be particularly close.

It would be uneconomic for any public or private body to provide accommodation for itself in the area if that accommodation was to be used only on limited occasions. It is suggested that when considering the building of any form of community centre additional provision might be made to suit the need of other bodies who would find it more economic to rent certain parts of the building. The use of such part of the building need not necessarily be for the exclusive use of one organisation but the type of accommodation suitable to the varying needs would have to be thoroughly studied.

Housing : Inspections, etc.

Information with regard to action taken under the Housing Act 1936, during the year is set out in the form below as required by the Minister of Health.

1. Inspection of Dwellinghouses during the Year.

- | | |
|--|------|
| (1) (a) Total number of dwellinghouses inspected for housing defects (under the Public Health or Housing Acts) | 285 |
| (b) Number of inspections made for the purpose. | 1035 |
| (2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 | 185 |
| (b) Number of inspections made for the purpose. | 727 |
| (3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 28 |
| (4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. | 56 |

2. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers.	47
---	----

3. Action under Statutory Powers during the Year

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

- | | |
|---|---|
| (1) Number of dwellinghouses in respect of which notices were served requiring repairs. | 8 |
| (2) Number of dwellinghouses which were rendered fit after service of formal notices. | |
| (a) By Owners | 1 |
| (b) By Local Authority in default of owners | 1 |

(B) Proceedings under Public Health Acts:

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied...	15
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:	
(a) By Owners	10
(b) By Local Authority in default of owners	1

(C) Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwellinghouses in respect of which Demolition Orders were made..	4
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders...	5
(3) Number of Undertakings accepted from owners not to re-let when premises become vacant ...	1
(4) Number of Undertakings cancelled by Local Authority after premises had been rendered fit.	0

(D) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made. ...	3
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit...	0

(E) Proceedings under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953:

Number of houses in respect of which Closing Orders were made. ...	4
--	---

4. Housing Act, 1936 - Part IV - Overcrowding.

Figures received from the Borough Treasurer show that at the 31st December, 1954, there were 673 names on the waiting list for Council houses and that the number of families rehoused during the year were as follows:

Rehoused from waiting list...	...	69
Rehoused from requisitioned properties..	..	43
Old people rehoused . . . . .	...	2
Rehoused from condemned property...	..	8
	Total	122

Families rehoused during 1953 numbered 125.

Repairs and Rents Act, 1954

Property owners generally do not appear to have taken advantage of the provisions of Part 2 of the Act which permits increase in rents providing that adequate sums have been spent on maintenance. During the year three applications were received for Certificates of Disrepair, all of which were granted.

MEAT AND FOOD INSPECTION

Slaughterhouses

Prior to July 5th, when the control of slaughtering by the Ministry of Food ceased, applications were received from the occupiers of premises situated at St. Leonard's Road and Thames Street for the licensing of the premises under Section 57 of the Food and Drugs Act, 1938.

Both slaughterhouses had been in use as such before the concentration of slaughtering by the Ministry in 1940.

Refusal by the Council to grant licences resulted in the occupier of the Thames Street premises appealing to the court; on being heard the appeal was adjourned and later withdrawn.

The home killed meat supplies of the Borough are now obtained from slaughterhouses under the control of neighbouring authorities, mainly from Reading and Slough, but a substantial proportion of the supply passes through two wholesale meat stores within the Borough and is then subject to examination by your inspectors. The number of inspections made at these premises was 464.

Meat Transport and Handling

With the cessation of meat rationing and the decontrol of the livestock industry the Ministry of Transport are no longer responsible for meat cartage.

A new organisation comprised of meat carriers has come into being and is operating on lines very similar to the Ministry. Since the change over there have been no complaints in respect of the handling of the meat by the local branch. Replacement of the older type of vehicle by modern vans proceeds.

Butchers' Shops, Wholesale and Retail

The following was condemned from Butchers' Shops and other premises:

Condition and portion of carcase or offal condemned	Weight in lbs.								Total	
	BEEF				PORK					
	Home Killed		Imported		Home Killed		Imported			
	Meat	Offal	Meat	Offal	Meat	Offal	Meat	Offal		
<u>BLOOD SPLASHING</u>										
Buttock	83	-	-	-	-	-	-	-	<u>83</u>	83
<u>BRUISING</u>										
Ribs	3	-	-	-	-	-	-	-	3	
Leg	-	-	-	-	5	-	-	-	<u>5</u>	8
<u>CONTAMINATED BY DYE</u>										
Trimmings	-	-	40	-	-	-	-	-	<u>40</u>	40
<u>DECOMPOSITION</u>										
Buttock	107	-	280	-	-	-	-	-	387	
Hind Quarters	-	-	425	-	-	-	-	-	425	
Leg	-	-	-	-	6	-	-	-	6	
Loin	-	-	58	-	-	-	-	-	58	
Ribs & Chuck	-	-	350	-	-	-	-	-	350	
Rump	-	-	85	-	-	-	-	-	85	
Sweetbreads	-	8	-	-	-	-	-	-	8	
Topside	145	-	76	-	-	-	-	-	<u>221</u>	1540
<u>DISTOMATOSIS</u>										
Liver	-	8	-	-	-	-	-	-	<u>8</u>	8
<u>MELANOSIS</u>										
Trimmings	-	-	-	-	4	-	-	-	<u>4</u>	4
<u>ODOUR (ABNORMAL)</u>										
Hind Quarter	-	-	110	-	-	-	-	-	<u>110</u>	110
<u>OEDEMA</u>										
Sides	-	-	-	-	178	-	-	-	<u>178</u>	178
<u>TUBERCULOSIS</u>										
Head & Tongues	-	36	-	-	158	-	-	-	194	
Carcases	-	-	-	-	156	-	-	-	<u>156</u>	350
TOTALS	338	52	424	-	507	-	-	-		2321

Other Food Premises

The following is a list of the food condemned at other food premises:

Bacon	...	...	...	29 lbs.	
Cheese	...	...	...	97	
Eggs.	...	...	...	12	
Fish (Fresh)	...	...	...	217	
Fish (Smoked)	...	...	...	56	
Fish Cakes.	...	...	...	4	
Fruit	...	...	...	1	
Gravy Salt.	...	...	...	30	
Mixed Peel.	...	...	...	1	
Poultry	...	...	...	261	
Sausages...	...	...	...	74	
Sugar Confectionery	...	...	...	49	
Table Jellies	...	...	...	1	
Tomatoes...	...	...	...	14	
Vegetables.	...	...	...	3	846 lbs.

Bottled Foods

Pickles	...	...	...	22	
Salad Cream	...	...	...	2	
Sandwich Spread.	...	...	...	16	
Sauce	...	...	...	1	41 lbs.

Canned Foods

Baby Food..	...	...	...	1	
Cereals	...	...	...	4	
Coffee	...	...	...	1	
Cream	...	...	...	5	
Eggs.	...	...	...	31	
Fish.	...	...	...	9	
Fruit	...	...	...	332	
Fruit Juice	...	...	...	7	
Ham..	...	...	...	211	
Meat.	...	...	...	177	
Milk (Evaporated)	...	...	...	90	
Milk (Condensed).	...	...	...	16	
Preserves..	...	...	...	69	
Sausages...	...	...	...	3	
Soup.	...	...	...	34	
Vegetables.	...	...	...	180	1570 lbs.

Total ... 2257 lbs.

These foods were condemned for a variety of reasons, e.g. decomposition, blown or rusted tins, etc. The number of condemnations was 94. In most cases the attention of the Department was called to the unsound foods by the retailers.

Disposal of Condemned Food

The co-operation of the owners of industrial plants has been obtained and unsound meat destroyed by incineration. Other unsound food is disposed of in accordance with the instructions issued by the Ministry of Food.

MILK

Distribution and Registration

The following are registered under the various Orders and Regulations:

Distributors of Milk	...	...	26
Dairymen	...	...	4

Ten distributors are licensed to sell Tuberculin Tested Milk, ten to sell Pasteurised Milk and seventeen to sell Sterilised Milk.

Special Designations

Phosphatase Test is a test to show the efficiency of pasteurisation and is dependent on the destruction of the enzyme phosphatase by "legal" pasteurisation temperatures. 0.25% of raw milk added to pasteurised milk can be detected in this way.

Methylene Blue Test depends on decolourisation of the dye by bacteria, if present, when added to milk. A sample of milk shall be regarded as satisfying the methylene blue reduction test if between the 1st May and the 31st October it fails to decolourise the methylene blue in $4\frac{1}{2}$ hours, or if between the 1st November and the 30th April it fails to decolourise the methylene blue in $5\frac{1}{2}$ hours.

Tuberculin Tested:

Number of samples taken...	...	...	41
Passed Methylene Blue test	...	...	34
Failed Methylene Blue test	...	...	7

Tuberculin Tested (Pasteurised).

Number of samples taken...	...	...	35
Passed both tests...	...	...	28
Failed Phosphatase test...	...	...	1
Void tests ...	...	...	6

Pasteurized

Number of samples taken...	60
Passed both tests...	53
Failed Methylene Blue test...	-
Failed Phosphatase test...	1
Void tests...	9

ICE-CREAM

The number of samples submitted for bacteriological examination was 48, which were classified by the Bacteriologist as under:

Grade I	35	72.9%
Grade II	11	22.9%
Grade III	-	-
Grade IV	2	4.2%

Of the above samples forty-three were of ice-cream manufactured within the borough, these being classified as under:

	Grade				Total
	I	II	III	IV	
Manufacturer A	10	-	-	-	10
Manufacturer B	4	-	-	-	4
Manufacturer C	7	3	-	-	10
Manufacturer D	7	3	-	-	10
Manufacturer E	2	5	-	2	9
Total	30	11	-	2	43

Provisional grades of ice-cream are as follows:

Provisional Grade	Time taken to reduce methylene blue
I	4½ hours or more.
II	2½ - 4 hours.
III	½ - 2 hours.
IV	0 hours.

There is no legal standard for the grading of the Methylene Blue test of ice-cream, but those samples in Grades III and IV raise grave doubt as to the efficiency in their manufacture or storage.

The reduction in the number of samples falling within Grades III and IV is pleasing but must not give rise to complacency. It is obvious that constant supervision of the local manufacturers is the only way in which the present high standard will be maintained. Examination of the results of samples over a number of years reveals a steady improvement from 1947 to 1951 (when the department was short of staff for a period) a sharp rise in the number of samples in Grades III and IV during that year followed again by a steady improvement to the present figures.

In the cases of ice-cream manufactured outside the Borough falling into Grades III and IV the manufacturer concerned and the Local Authority in whose area the premises are situated are informed of the results of samples in order that the necessary action can be taken.

The following premises are registered under Section 14 of the Food & Drugs Act, 1938:

Ice-Cream:

Manufacturers in operation	...	...	...	5
Storage and Sale	...	...	...	67
Sale only	...	...	...	16
<u>Preserved Food..</u>	...	...	...	26

FOOD AND DRUGS

The following table shows the number of samples taken and submitted to the Public Analyst for analysis and the results of such analysis:

	Number Examined			Number Adulterated		
	Formal	In-formal	Total	Formal	In-formal	Total
Milk	27	-	27	-	-	-
Ice-cream.	6	-	6	1	-	1
Margarine.	4	-	4	-	-	-
Orange Drink	1	3	4	-	1	1
Pork Luncheon Meat	1	-	1	-	-	-
Sausage, Breakfast	1	-	1	-	-	-
Sausages, Beef..	2	-	2	-	-	-
Sausages, Pork..	7	-	7	1	-	1
Beef	-	1	1	-	-	-
Beef & Gravy	-	1	1	-	-	-
Bufferin Tablets	-	1	1	-	-	-
Butter	-	1	1	-	-	-
Butter Drops	-	1	1	-	-	-
Butterscotch	-	1	1	-	-	-
Buttered Almonds	-	1	1	-	-	-
Buttered Brazil Nut Crunch	-	1	1	-	-	-
Buttered Scones.	-	1	1	-	-	-
Buttered Rolls..	-	3	3	-	-	-
Butternut Crunch	-	1	1	-	-	-
Candy Fudge	-	1	1	-	-	-
Coffee & Chicory	-	1	1	-	-	-
Cream, Double Fat Dairy	-	1	1	-	-	-
Cream, Tinned... ..	-	1	1	-	-	-
Cream Buns	-	1	1	-	-	-
Cream Doughnuts.	-	1	1	-	-	-
Desiccated Coconut	-	2	2	-	-	-
Fish Cakes	-	3	3	-	-	-
Ground Nutmeg... ..	-	1	1	-	-	-
Golden Butter Mints... ..	-	1	1	-	-	-
Lemon Essence... ..	-	1	1	-	-	-
Malt Vinegar	-	1	1	-	-	-
Peaches, Sliced.	-	1	1	-	-	-
Pie, Filling, Lemon Flavoured	-	1	1	-	-	-
Saccharin Tablets	-	1	1	-	-	-
Salad Cream	-	1	1	-	-	-
Sausage, Salami.	-	1	1	-	-	-
Sausage Rolls... ..	-	1	1	-	-	-
Stewed Steak	-	1	1	-	-	-
Tea Seed Oil	-	1	1	-	-	-
Cough Syrup	-	1	1	-	-	-
Dextrosol.	-	1	1	-	-	-
Glycerine & Thymol Tablets	-	1	1	-	-	-
Honey Cough Syrup	-	1	1	-	-	-
Lung Syrup	-	1	1	-	-	-
Menthol & Eucalyptus Gums	-	1	1	-	1	1
" " Pastilles	-	1	1	-	-	-
Olive Oil.	-	1	1	-	-	-
Flenamins.	-	1	1	-	-	-
Quinine Tablets.	-	1	1	-	-	-
TOTALS	49	49	98	2	3	5

Table of Adulterated Samples

Sample No.	Article	Formal or Informal	Nature of Adulteration or other Irregularity	Observations
114	Pork Sausages	Formal	10% deficient in meat content.	Letter of warning.
128	Menthol & Eucalyptus Gums	Informal	Dirty, unsuitable for sale.	Letter of warning. Withdrawn from sale prior to report of Public Analyst.
132	Honey Cough Syrup	Informal	Incorrectly labelled.	Letter to Manufacturers. Outdated stock. Label amended.
148	Ice-cream	Formal	10% deficient in fat.	Letter of warning.
187	Orange Drink	Informal	Mould growth, probably due to use of dirty containers.	Letter of warning.

Gerber Tests:

Forty-five samples of milk were examined at the office by the Gerber Test; all were satisfactory.

FOOD PREMISES

Bakers and Confectioners	...	...	...	12
Butchers	...	...	...	20
Catering Establishments.	...	...	...	42
Chemists	...	...	...	6
Cooked Meats	...	...	...	2
Fish Fryers.	...	...	...	5
Fishmongers.	...	...	...	7
Greengrocers	...	...	...	23
Grocers and General	...	...	...	69
Hotels	...	...	...	7
Public Houses	...	...	...	68
Sugar confectioners	...	...	...	31
Wholesale Meat Depots...	...	...	...	2
Wine Merchants	...	...	...	7
Works Canteens	...	...	...	3

304

During the year it was found necessary to serve 34 informal notices on owners or occupiers of food premises. At the end of the year 19 of the above notices had been complied with together with 14 informal notices which had been served previously.

FOOD BYELAWS

The food traders are co-operative and the byelaws have been well observed, in no case has it been found necessary to take enforcement action.

ENVIRONMENTAL CONDITIONS

Common Lodging House

The common lodging house has been satisfactorily kept, and has given no cause for complaint, eighteen visits have been made during the year.

Rats and Mice Destruction

2,754 visits in this connection were made to various premises. The number of rats found dead was 205.

Treatment of the sewers was carried out in May, 44 manholes being baited. The sewers were again treated in November, 75 manholes being baited.

Disinfection

Disinfection is carried out by the Windsor Group Hospital Management Committee at their disinfecting plants at Old Windsor Hospital and Maidenhead Isolation Hospital.

During the year disinfections were as follows:

Articles of bedding and clothing disinfected	...	85
Articles of bedding and clothing destroyed..	...	39
Rooms disinfected...	... ..	17

Verminous PremisesBed Bugs

Council houses disinfested	4
Other houses disinfested	10

Fleas

Council houses disinfested	1
Other houses disinfested	1

Other Pests

Council houses disinfested	10
Other houses disinfested	22

SANITARY DEFECTS AND NUISANCES

During the year 502 sanitary defects and nuisances were discovered, 194 informal and 34 formal notices were served requiring abatement of the defects or nuisances. At the end of the year 132 informal and 25 formal notices had not been complied with. In addition 54 informal notices and 6 formal notices which were outstanding at the end of 1953 had not been complied with. In four cases it was necessary for the Council to carry out works in default.

COMPLAINTS

Absence of, or dilapidated, dustbins	27
Ants, beetles, flies, etc	30
Food and Drugs	17
Housing defects... ..	44
Choked or defective drains	32
Offensive accumulations.	5
Offensive smells..	20
Pigeons	1
Rodents - Rats	125
Mice	82
Sanitary conveniences... ..	8
Verminous Premises	19
Wasps and bees	88
Water courses	1
Miscellaneous	1
	<hr/>
	500

FACTORIES ACT, 1937 & 19481. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 & 6 are to be enforced	27	26	1	-
(ii) Factories not included in (i) in which Sec. 7 is enforced	86	110	5	-
(iii) Other premises in which Sec. 7 is enforced (excluding outworkers' premises)	10	10	-	-
TOTAL	123	146	6	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of Defects				Prosecutions Instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness	2	2	-	-	-
Sanitary Conveniences -					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	3	7	-	-	-
Other Offences against the Act (not including offences relating to outwork)	1	2	22	-	-
TOTAL	7	12	22	-	-

MEANS OF ESCAPE IN CASE OF FIRE

Various factories and other premises have been inspected and notices served for the provision of proper means of escape in case of fire. Before any notice is served, the co-operation of the Fire Service is sought.

Informal notices served	...	...	...	...	9
Informal notices complied	...	...	...	...	6

LEGAL PROCEEDINGS

In May proceedings were instituted against the owner of 12 South Place for failure to comply with a notice to abate a nuisance at that address. A nuisance order was made to carry out work within seven days, the defendant being fined £1, with 8/6d costs and advocates fee of 1 guinea.

On the same date proceedings were taken against the owner of 3 Ann's Place in order to recover the cost of works carried out by the Council in default. An order for payment of the sum claimed, £15. 1. 9d, was granted to the Council together with £7. 7. 0d costs.

In October an appeal was made to Quarter Sessions by the owner of 3 Ann's Place against the order made by Windsor Magistrates in May. The appeal was dismissed.

In the same month an appeal was made against a notice served under Section 75 of the Public Health Act, 1936, in respect of 9 Rays Avenue. The appeal was adjourned sine die and agreement reached by negotiation.

Letters of warning were sent during the year in respect of the following:-

- Ice-cream 10% deficient in fat.
- Orange drink not of the quality demanded.
- Pastilles contaminated with particles of dirt or hair.
- Pinate Honey Cough Syrup incorrectly labelled.
- Pork Sausages 10% deficient in meat content.

SUMMARY OF INSPECTIONS

Canine Meat Stores	...	...	...	...	...	...	9
Common Lodging House	...	...	...	...	...	...	18
Drainage	...	...	...	...	...	...	462
Dwelling Houses -							
Disinfection	...	...	...	...	...	...	15
Housing Act, Inspections	...	...	...	...	...	...	204
" " Re-inspections.	...	...	...	...	...	...	523
Housing - Applications	...	...	...	...	...	...	9
Overcrowding	...	...	...	...	...	...	6
Public Health Act Inspections (Housing).	...	...	...	...	...	...	81
" " " Re-inspections (Housing)	...	...	...	...	...	...	227
" " " Inspections (other than Housing)	...	...	...	...	...	...	379
" " " Re-inspections (other than Housing)	...	...	...	...	...	...	219
Verminous Premises, Council Houses	...	...	...	...	...	...	5
" " Other Houses..	...	...	...	...	...	...	11
Factories -							
Mechanical Inspections	...	...	...	...	...	...	84
" Re-inspections...	...	...	...	...	...	...	32
Non-mechanical Inspections..	...	...	...	...	...	...	22
" " Re-inspections	...	...	...	...	...	...	8
Outworkers	...	...	...	...	...	...	9
Food and Drugs -							
Bakehouses	...	...	...	...	...	...	47
Catering Establishments	...	...	...	...	...	...	293
Dairies, etc	...	...	...	...	...	...	21
Food Shops	...	...	...	...	...	...	608
Food Transport & Handling...	...	...	...	...	...	...	28
Ice-cream.	...	...	...	...	...	...	42
Meat Depots	...	...	...	...	...	...	464
Preserved Food..	...	...	...	...	...	...	27
Samples taken...	...	...	...	...	...	...	330
Slaughterhouse..	...	...	...	...	...	...	15
Unsound Food - Condemnations	...	...	...	...	...	...	107
Food Hawkers	...	...	...	...	...	...	18
Interviews..	...	...	...	...	...	...	731
Legal Proceedings.	...	...	...	...	...	...	8
Market and Stalls.	...	...	...	...	...	...	243
Means of Escape in Case of Fire -							
Factory Act Inspections	...	...	...	...	...	...	2
" " Re-inspections..	...	...	...	...	...	...	12
Public Health Act Inspections	...	...	...	...	...	...	24
" " " Re-inspections..	...	...	...	...	...	...	55
Meetings Attended.	...	...	...	...	...	...	31
Merchandise Marks.	...	...	...	...	...	...	136
Moveable Dwellings	...	...	...	...	...	...	40
Other Pests.	...	...	...	...	...	...	21
Piggeries and Stables.	...	...	...	...	...	...	14
Places of Public Entertainment	...	...	...	...	...	...	8
Public and Other Conveniences.	...	...	...	...	...	...	8

Rag Flock Act	...	...	...	...	...	...	2
Refuse Tips.	...	...	...	...	...	...	2
Repairs and Rents Act	...	...	...	...	...	...	2
Rodent Control	...	...	...	...	...	...	2754
Schools Inspections	...	...	...	...	...	...	1
Service of Notices	...	...	...	...	...	...	121
Shops -							
Hours of Closing	...	...	...	...	...	...	10
Other Inspections	...	...	...	...	...	...	300
Smoke Observations	...	...	...	...	...	...	10
Underground Rooms.	...	...	...	...	...	...	6
Water Courses	...	...	...	...	...	...	3
Water Samples	...	...	...	...	...	...	10
Miscellaneous	...	...	...	...	...	...	1015
							<hr/>
							9892
							<hr/>

